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v. 5-47-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13221

FILED MAY 2 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3852

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Hrs. 43 Mins. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 112
(If outside city or town limits, write "RURAL")
(d) Street No. 1200 Armstrong ?
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jessie Lee Potter
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 (Month) 6 (Day) 44 (Year)

8. AGE: Years | Months | Days | If less than one day 12 hr. 43 min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Willie Potter
13. Birthplace Grady (City, town, or county) Arkansas (State or foreign country)
MOTHER
14. Maiden name Ora Dean White
15. Birthplace Gouldarls (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant Esther M. Sherard, R.N.
(b) Address 2601 N. Whittier Street
17. (a) (Burial, cremation, or removal) (b) Date thereof APR 27 1944 (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY
18. (a) Signature of funeral director H. Meuschman
(b) Address City Health Dept.
19. (a) APR 26 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 6 year 44 hour 2 minute 55 p. M.
21. I hereby certify that I attended the deceased from 4-6, 19 44 to 4-6, 19 44 that I last saw her alive on 4-6, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity, Atelectasis — Duration
Due to Unknown
Due to Unknown
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Same

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. P. Shibley (M. D. or other)
Address 2601 N. Whittier St. Date signed 4-24-44

874 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.